

SERVICE LETTER

The provisions of our contract with DDSN require that we obtain a service letter from you as an employer or former employer of the person named below. The provisions of all DDSN's service provider contracts also require any DDSN service provider who receives a request for a service letter to provide the information on this form within ten (10) business days from receipt of the request.

TO BE COMPLETED BY EMPLOYER REQUESTING SERVICE LETTER.

Name of Employer requesting service letter: _____

Address of Employer: _____

Employer requesting service letter (Check one):

☐ DSN Board ☐ Private Service Provider ☐ DDSN Regional Center

Name of applicant: _____

Social Security Number: _____

Dates of Employment: From: _____ To: _____

TO BE COMPLETED BY EMPLOYER RECEIVING SERVICE LETTER REQUEST.

The above-named person has applied for employment with our organization. The applicant indicated on his/her application that s/he was or is employed by you and has signed an authorization and release form that permits you to truthfully answer these questions without liability.

1. Complete Name of Employer: _____

Address of Employer: _____

2. Dates of Service for employee: From: _____ To: _____

If this information is not available, please explain: _____

3. Please answer the following questions:

A. Type of service performed by the person during the course of his/her employment.

(Please Check One.)

_____ The employee was directly involved on a daily or frequent basis providing services and/or care to consumers, clients, patients, residents, and/or children.

_____ The employee was not directly involved in providing services and/or care to consumers, clients, patients, residents, and/or children on a daily or frequent basis; but did occasionally provide some care and/or services.

_____ The employee did not provide services and/or care to consumers, clients, patients, residents, and/or children; but did have some contact with them.

____ The employee had no contact with consumers, clients, patients, residents, and/or children.

____ This information is not available. (Please Explain.)

B. Reason for separation from service (please check one.)

- ☐ Laid-off ☐ Resigned ☐ Resigned in lieu of discharge
- ☐ Discharged ☐ Abandoned Position ☐ Other (Specify) _____
- ☐ Information not available (Explain) _____

C. Information relating to employee's performance (please check all statements which apply to this person and circle action/s taken.)

____ The employee was either counseled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving his/her violent behavior or threats of violence in the workplace.

____ The employee was either counseled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving abuse of consumers, patients, clients, residents, and/or children.

____ The employee was either counseled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving negligence/neglect of consumers, patients, clients, residents, and/or children.

____ The employee was never counseled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving violent behavior in the workplace, abuse or negligence/neglect of consumers, patients, clients, residents, and/or children.

____ Not applicable to this employee. (Please Explain.) _____

4. I would rehire this individual: ☐ Yes ☐ No

I hereby swear/affirm that the information provided above is a full and complete disclosure of the facts required, and that the information is true and correct to the best of my knowledge and belief.

Printed name/title of person completing the form

Signature

Date

This form is provided by the DDSN Office of Human Resources. Reproduce additional copies as needed.

SAMPLE